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Oral Hygiene

Equally Satisfactory for both

Denture Resins and Rubber



With a No. 3 Regulator and a thermometer which indicates inside temperature, the

5-Inch Cam-Lock Vulcanizer

has the accurate temperature control that is necessary for denture resins, and the same equipment may be used with equal satisfaction for vulcanizing rubber.

It is not necessary to handle separate parts in opening or closing this vulcanizer; all cover parts are connected.

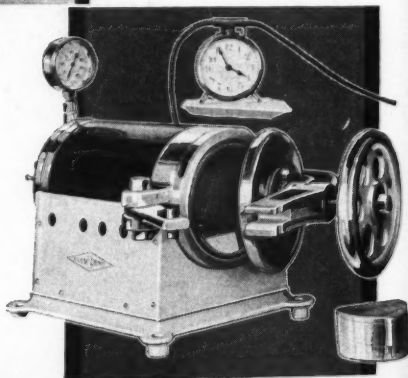
The 5-Inch Cam-Lock Vulcanizer is convenient to use, safe, dependable, accurate.

A thermostat which is sensitive and accurate at both high and low temperatures controls the temperature of the

Furnas Vulcanizer

The horizontal construction prevents the submersion of flasks in water.

Additional information about Clev-Dent Vulcanizers on request.



THE *Cleveland* DENTAL
MANUFACTURING CO.

CLEVELAND, OHIO U.S.A.

Oral Hygiene

MARCH
1938

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THAT DENTAL SERVICE IS VITAL
—THAT HOME COOPERATION IS
EQUALLY IMPORTANT—IN THE
CARE OF TEETH AND GUMS**



*The Original
Toothpaste for
MASSAGING GUMS
and
CLEANING TEETH*

FORHAN'S advertising stresses the importance of massaging gums as well as cleaning teeth.

FORHAN'S toothpaste cleans teeth safely because it contains no harsh, harmful or gritty ingredients. Massage with Forhan's benefits the gums, by stimulating them and helping to keep them healthy.

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Zonite Products Corporation, Chrysler Building, New York City.

FORHAN Div., Zonite Products Corp., New Brunswick, N. J.

FORMULA OF *R. J. Forhan D.D.S.*

WHY DENTAL CREDIT BUREAUS FAIL

by H. D. MEYER, D.D.S.

EVERY NOW AND then there is evidence of interest on the part of a dentist or a group of dentists in the development of a dental credit bureau. The motive for this seems to be a realization that the receivable accounts are top heavy and that too many are in the doubtful class, if indeed at all collectible. The cause that incites intense interest in dental credit bureaus is the discovery that certain patients are financially obligated to several dentists in the same community.

Something might be said about paying habits of patients. In most cases a good credit report on mercantile accounts would warrant the extension of credit for professional accounts, but unfortunately too often, when the facts are known, the paying hab-

its of these same persons with respect to their dental and medical accounts are poor. Therefore, if a credit report is to be of any great value to a dentist, it should contain information about the paying habits or obligations to dentists and physicians in the community or elsewhere, if available. To obtain such reports there should be a substantial number of professional men contributing to and using any community credit bureau. Unfortunately, most credit bureaus have few professional men as members, and it is because of this that I am going to attempt to point out how much a credit bureau can do for you in reducing your losses. The butcher, the landlord, the coalman is paid often because he carries the threat to shut off his

merchandise and property. Dentists and physicians do not often make such a threat.

It is one thing to be interested in an idea or procedure, but it is far more important to succeed if one *believes* in the idea or procedure. In plain words, one must be "sold" on the proposition. This usually means that you are satisfied, that you expect a certain amount of shortcomings, but that the preponderance of benefit outweighs everything else.

What are dentists "sold" on? What seems to demand most of our attention? What seems to be the thing that we cherish most when tactfully boasting of our prowess as dentists in our community? Have you ever given this angle of the economic picture any thought? We all have heard of dentists seeing sixteen patients more or less a day, no time to go out for lunch; of the one who has solved the problem of the roofless denture; of the man who has no trouble with removable bridges; of the person who never has a casting fail because of a certain technique, and so on almost indefinitely. Have you ever talked with the dentist who sees five or six patients a day in his office; has time for lunch and works a normal eight hour day? How does he do it, and what sort of a man do you usually find that he is? Of course he is proficient in the professional aspects of dentistry, but he is also "sold" on the business side of his work, a mighty important aspect of which is the *generous use of* and the

contribution to some form of credit bureau service.

As you all know, most dental credit bureaus have failed, and it is regrettable that such is the case. The reasons are twofold: (1) dentists are not convinced of the merits of a credit bureau because they are not fully informed as to what it can do for them; (2) the mechanism or physical set-up of the bureau is unwieldy. It is my hope that I may be able to change your attitude on both of these factors.

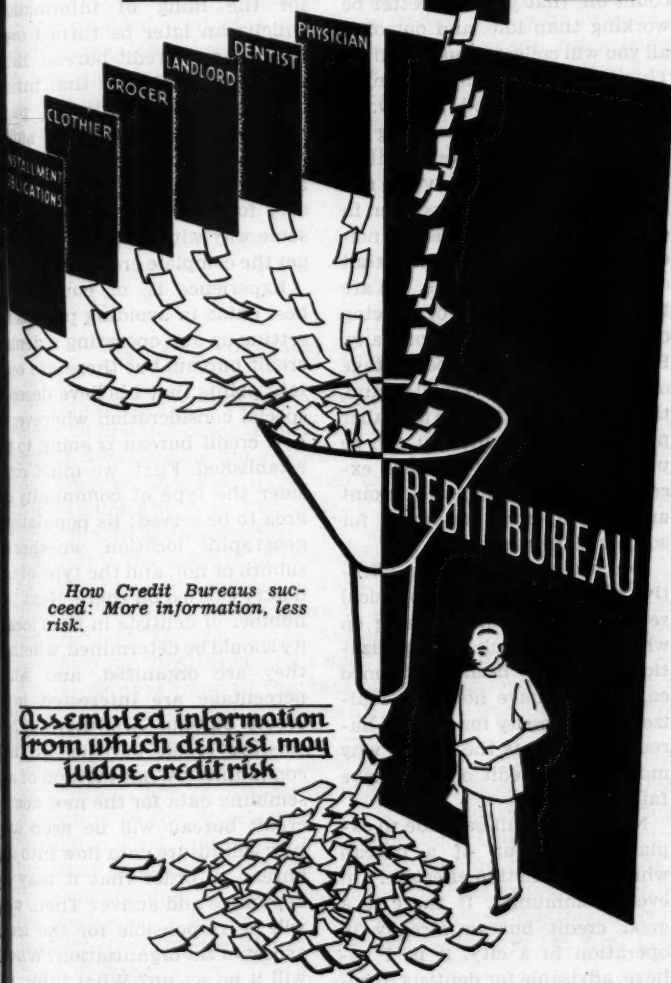
By generous use of a credit bureau is meant an *investigation of* and a *reporting on every person* that uses your services. How this is done constitutes the physical set-up of the bureau. If the bureau is used in this manner, you will be convinced of its value because you may find that your prospective patient is already obligated to one of your colleagues. You may find that he already owes the butcher, the baker, the landlord, the finance company, and many other modern credit agencies. Upon weighing the evidence disclosed in the credit report which you receive, you conclude that it is not possible for your prospective patient to discharge his obligation to you. I need not mention the course for you to follow. Your ability to form a credit opinion is now up to you. If on that particular day you feel like doing a little gambling, go right ahead, invest your time and money in that patient's case, go through the usual system of collection reminders, collection let-

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Source of
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ters, legal threats, law suits, a judgment, and finally the animosity of the debtor and all of his friends. Is that procedure good judgment, or do you say to yourself that you will charge the account off, that you had better be working than idle, and out of it all you will collect enough to live? This last piece of reasoning should be answered plainly. If dentistry is making a living on this basis, and I believe that it is, since the accounts receivable run into thousands of dollars, then in order to absorb the losses incident thereto, it may follow that dental fees are excessive. We are then justly accused of placing our services out of reach of many. Big business has a low percentage of loss through credits and, therefore, is able to take a smaller percentage of profit. If it can be proved that dental fees are excessive this is a vulnerable point and a compelling argument for socialized dentistry.

You are interested in an effective credit bureau, in its physical set-up, not in philosophizing on why you need such an organization. As has been mentioned earlier, you have not fully realized the necessity for a credit bureau and that is the reason why most dental credit bureaus have failed.

No attempt will be made to explain the set-up of a bureau which will function effectively in every community. If there is a good credit bureau already in operation in a city, it is, I believe, advisable for dentists to co-

operate fully with such a bureau by supplying accurate information about their patients. In cities where the dentists have a strong local society they can establish their own credit bureau for the filing of information which can later be turned over to a general credit bureau. Here I want to emphasize that information about a patient's payment of dental bills is not sufficient basis on which to establish a credit rating. It is always necessary for dentists to cooperate in some way with other agencies to get the complete credit picture.

Experience is, of course, the best guide in avoiding pitfalls in setting up and operating a dental credit bureau, but there are certain points that I believe deserve special consideration wherever a new credit bureau is going to be established. First, we must consider the type of community or area to be served; its population, geographic location, whether a suburb or not, and the type of industry carried on there. Next the number of dentists in that locality should be determined, whether they are organized, and what percentage are interested in a credit bureau. Are there other existing credit bureaus in the community? What method of assembling data for the new dental credit bureau will be used and how will future data flow into the bureau in order that it may be kept alive and active? Then, who will be responsible for the legal aspect of the organization? Where will it be set up? What informa-

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tion will be kept in the files? Who will manage the office, and what will it all cost? On satisfactory answers to these questions depends the success of the new bureau.

If you become really interested in the establishment of a good credit bureau, and cooperate fully in supplying information for it, you will soon begin to experience its benefits. Through the avoidance of an accumulation of bad accounts on your books and the

consequent unpleasantness, you will be able to establish your practice on a sounder more business-like basis.

May I conclude with this thought? If all is well with your dental practice, you may be safe in feeling that your practice is secure. If you are not satisfied, perhaps you can benefit yourself through the judicious use of a dental credit bureau.

708 Church Street
Evanston, Illinois

STATE BOARD EXAMINATIONS

Florida State Board of Dental Examiners, annual examination for license to practice dentistry and dental hygiene will be held in Jacksonville, commencing June 20, Seminole Hotel. Preliminary applications must be filed sixty days prior to date of examination. Address all communications to Doctor H. B. Pattishall, Secretary, 351 St. James Building, Jacksonville.

California State Board of Dental Examiners, next examination for license to practice dentistry and dental hygiene will be held at the Physicians and Surgeons College of Dentistry, San Francisco, commencing May 23; and in Los Angeles, Room 804, City Hall, commencing June 20. All credentials must be in the hand of the Secretary at least 20 days prior to the date of the examination. Address all communications to Doctor Kenneth I. Nesbitt, Secretary, 450 McAllister Street, San Francisco.

New Jersey State Board of Dental Examiners, annual examinations, commencing June 27, and continuing for five days thereafter. Upon application to the Secretary a copy of the requirements and rules, instruction sheet, and preliminary application blank is sent. Application blank together with \$25 examination fee must be in the hands of the Secretary on or before March 15 for the June examination or before September 1 for the December examination. Address all communications to Doctor Walter A. Wilson, Secretary, 148 West State Street, Trenton.

Shall Dentistry Be UNIONIZED?

by KENT K. CROSS, D.D.S.

JOHN DEWEY, ONE of the nation's best known educators, recently in a radio address to teachers, closed with the slogan, "In union there is strength," justifying their unionization on the ground that all who render services to humanity, whether by physical labor or mental effort, are workers, and have the right to protect themselves in the economic struggle of the human race.

Origin of the Dental Species

How came we to be dentists?
What are our "genealogical" sources and present trends?

Whence came we?

Barber Surgeon

Blacksmith

Early medical man

Dental mechanic or tinker

Whither bound?

Distinct profession

Branch or Specialty of Medicine

Unionized trade

As voodooist, traveling tinker, medicine man, quack or street faker, we have been represented in some form for centuries.

Dentistry has been recognized as an organized profession for over a century. As a scientific, progressive profession, with an academic background and university training, 30 to 40 years is

all we can justly claim. There is still the controversy as to whether we are a distinct profession or a branch of medicine. And now comes the suggestion that, like teachers and engineers, we may become unionized.

A recent dental association notice bears the slogan: "Keep Organized Dentistry — Organized." To a unionized group, "organization means only unionization." To the association officers it would mean only a closer association under the present set-up. Ronkin¹ in December *ORAL HYGIENE* gives all praise to our organization, but in its scientific advances, rather than in the solution of the economic side of practice that "is so complex they (dentists) can hardly be expected to cope with it." But "as professional leaders—they have earned a place in the sun."

Let us see if there is any need for "organization" of any kind. The Report of the Committee on the Costs of Medical Care²—a pre-depression survey—showed dentistry, with the exception of

¹Ronkin, S. H.: What Do You Think? *ORAL HYGIENE* in *Dear Oral Hygiene* 27:1657 (December) 1937.

²Medical Care for the American People. Final Report of the Committee on the Costs of Medical Care, Chicago. The University of Chicago Press, 1932.

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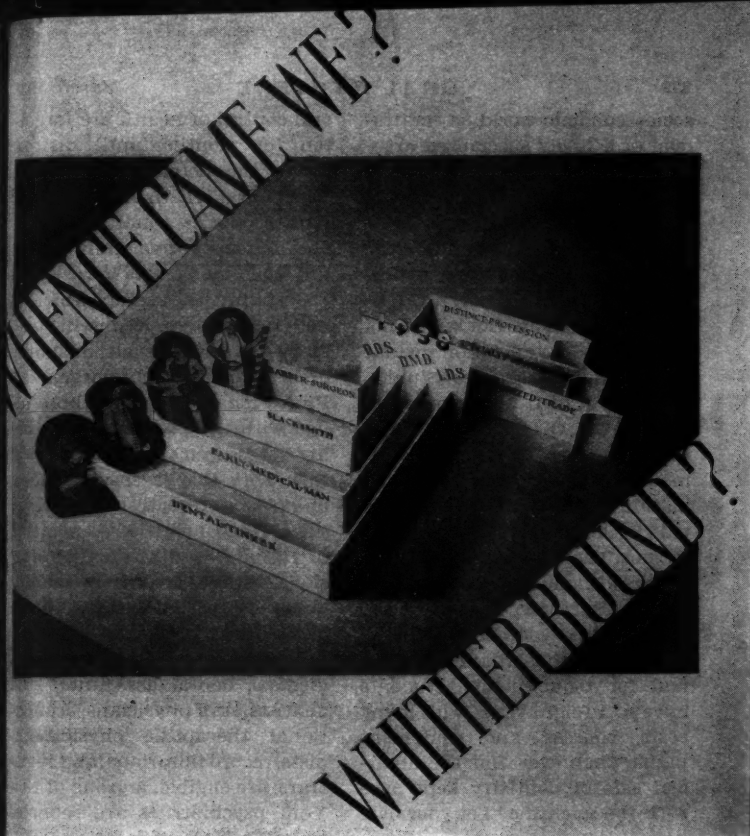
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the fortunate highly paid practice group, as merely "getting by," with too many uncollectable accounts and office expenses too high. Another survey found few prosperous dentists who had not by inheritance or social position, "fallen into" the good things of life. A few fortunate locations have made prosperous men. The stock market has made (and lost) a few more. Previous business experience or business instinct has accounted for another small percentage. Certainly few dentists

have had the requisite business insight instilled into them in dental colleges. Are we entitled to the better things of life, or if we do not have them, is it our own fault, and does it "serve us right?" Certainly most of us have spent a good part of a lifetime preparing for a superior service to our fellowman, and time and money on top of that to keep up with scientific dentistry, and deserve more than a fitting epitaph.

One rather well-known dentist has expressed our status in the

socio-economic world as "craftsmen of a finely specialized art—not trained specialists capable of making an examination of the heart of a patient." He suggests that a "union," meaning "the strongest tie," would be advantageous—not necessarily an affiliated trades union. But would not such a close organization include the principles of the crafts union of the A. F. of L. or the mass industrial C. I. O.? From dental history, we find our predecessors modest in ability, but many were blatant in their claims, and well paid in comparison with other vocations. There are still a few practicing without benefit of dental college. But now, instead of the three years beyond high school or even grade school that many of us had for requirements, students have six to eight years, with living costs, courses, and equipment higher than ever. Has the financial side of dentistry kept pace with the scientific? Let your own bank balance answer.

There is *more and more lay dental education today*. The radio and magazines are filled with it—unfortunately for the most part sponsored by commercial firms. *More and more dentistry is needed. Fewer and fewer dental students enroll*. A stock market flurry, a "recession," knocks a good practice to a mediocre one, the mediocre to a beggarly one. More dental lay education? Yes, but with life's uncertainties, with the apparently increasing demands for food, clothing, and shelter, masticating efficiency and

oral control of health are forgotten for months, until distress drives the potential patient to "the dental relief station." Under such economic conditions, what does our expensive training and fine equipment avail?

Certainly the group which is not really organized will trail along, take what is left, including orders from the truly organized. Professional groups, or those allied with the profession, are being organized (unionized). In New York City, a separate local union exists directly chartered by the A. F. of L., entitled Association of Hospital and Medical Professions. Nurses, laboratory technicians, x-ray technicians, dietitians, medical social workers, hospital pharmacists, dental hygienists, dental assistants, staff dentists, staff physicians, occupational therapists, physiotherapists, record librarians, and registrars, are eligible. A group of New York psychiatrists are reported to be C. I. O. affiliates.

With capital working as a unit, with farmers more united and better protected by the government than ever before, with the trades and mass industrial workers unionized, with internes, lawyers, ministers, organized (into unions) shall we seek that strength and security "in union" which now "in association" seems to be slipping from us? In separate offices, each with its own financial set-up, the chance for the "closest tie" is small, but are we more isolated than the barber or the farmer?

From various parts of the country, come reports of successful unionization of dental technicians. One worker (not in a union) recently said that, in the larger laboratories, probably it was necessary to protect against lay-offs. This man is in a small laboratory. A laboratory owner expresses his belief in the organization of technicians for the promotion of better work, rather than "wages and hours" regulation. This view is perhaps analogous to the functions of our dental associations, as, up to the present, they have existed.

In Kirchen's discussion,³ our attention is called to the fact that 85 per cent of denture work, as well as much of other types, is constructed in commercial laboratories; that the dental profession is organized; so are the manufacturers and distributors; likewise, hygienists and assistants. Why should not we say collectively what we cannot say individually as to hours, wages, and working conditions? Unionism is reported as spreading rapidly on the west coast.

One of the best presentations against unionism affecting dentistry, is from Chicago, from a laboratory owner source. It calls attention to the stand against unionization several years ago by the American Dental Association, Illinois State Dental Society, and the Chicago Dental Society, and to the various futile attempts to

unionize dental laboratories in Chicago. The argument is brought out that laboratory workers are too scattered; that there are few in a laboratory who are not part owners; that the laboratories are dependent on dentistry, opposed to "organization." But, can dental associations stem the tide?

With the groups with whom we do business strongly united, if we are to be told how much we are to pay for supplies and equipment, if office assistants tell us what it costs them to do business with us, if the technician tells the organized laboratory owner what wages and hours are necessary, and he passes the added expense to us, if examples of unionism crop out in other professions, and on top of the heap, the organized, appreciative public tell us what they can pay, shall we be forced to unionize, and become again, only skilled craftsmen? There is probably a more favorable answer. What is it? Micawber waited for something to turn up.

Our first duty is to distribute our services to the masses—the largely unserved middle and lower economic classes, but that is only half of our obligation. Too many of us have voluntarily, or by force of circumstances, placed our clientele before our own family welfare.

There is one possible solution: become politically minded. Colorado now has a state law fixing the minimum charge on services of several kinds. Barbers are permitted to make a reasonable minimum charge for shaves and

³Kirchen, A. H.: The Laboratory Worker, ORAL HYGIENE in *Dent Oral Hygiene* 27:1659 (December) 1937.

haircuts, with the probability that this will be raised. Pat your political friend on the back and do whatever else is necessary to get legislation through that will place the *minimum* at a price fair to all. Is this beyond our dignity? Certainly it has possibilities that may appeal to some who fear unionism.

Accessory to any plan, if not indeed the solution, are the recommendations of the pioneer of dental economics, Doctor George Wood Clapp,⁴ who reminds us that it takes thirteen years to reach success in dentistry. Only one out

of three ever really reaches it and success soon wanes. Clapp tells us that the means of educating potential patients, after first educating ourselves, is through the schools and the radio broadcast. Why not use these and the magazines and newspapers in real dental health education?

"In union there is strength." Bound by the strongest ties, in our present band of unity, but stronger, with a united effort, there is a way that dentistry will be brought into "its place in the sun," economically as well as scientifically. Shall we find the way?

⁴Clapp, G. W.: Educating Ourselves to Educate the Public J. A. D. A. and Den. Cosmos 24:2034 (December) 1937.

4040 East Second Avenue
Denver, Colorado

N. E. A. APPROVES "THE DENTIST SAYS"

FOR A YEAR and a half important members of the National Educational Association have been giving THE DENTIST SAYS critical trial and study in schools. They have given it unqualified and flattering approval, and statements to that effect will be published from time to time on the printed broadcasts.

The responsibility for the selection, arrangement, and presentation of the material lies solely with the editors. From now on, dentists who wish to present this program to their local schools may be assured of a much more receptive audience, since the approval of the N.E.A. will be all that most educators will require.

A plan and suitable material for presentation to schools may be had, free, from Doctor George Wood Clapp, 220 West Forty-Second Street, New York, New York. In requesting this material, dentists are asked to include five cents for postage.

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PATIENTS, JUST PATIENTS*

by H. S. COLDIRON, D.D.S.

MORTIMER J. KUSCH, the peanut brittle king, was undeniably dead. All of the world's greatest fiction detectives were assembled in the lobby of the Professional Building that fine September morning—for it is child's play to summon fiction detectives at the snap of an idea or the thud of a falling body.

Curlock Combs stood by, puffing reflectively on a Buffalo cigarette, and wondering what the endorsement would have him say if he agreed to endorse it. Mechanically, so it seemed, he spoke to Doctor Matson. "Elementary, my dear, Matson, or possibly 'allmentary.'"

Carley Can, the Oriental Oboe, was idly whistling through his teeth. "It is written in the Book of 'Heaven,'" said he, "that the wise man leaves plenty clues, or you stay until the final reel to unravel 'em."

There was Milo Pance, with a brief case of broad A's; Achilles Parrott, with his mustache showing a scattering of French expletives; Father Gray, the benign bespoller of bad breaks; and Caesar Coyote had promised to come, but no one expected him to

leave his begonias and beer. Harry Jason arrived late, with cages of assorted white mice, parrots and lizards. One and all they were taking turns before the full length lobby mirror, practicing their baffled look; for Mort J. remained upon the clean marble floor, his features placid, but his face and hands a beautiful shade of light green.

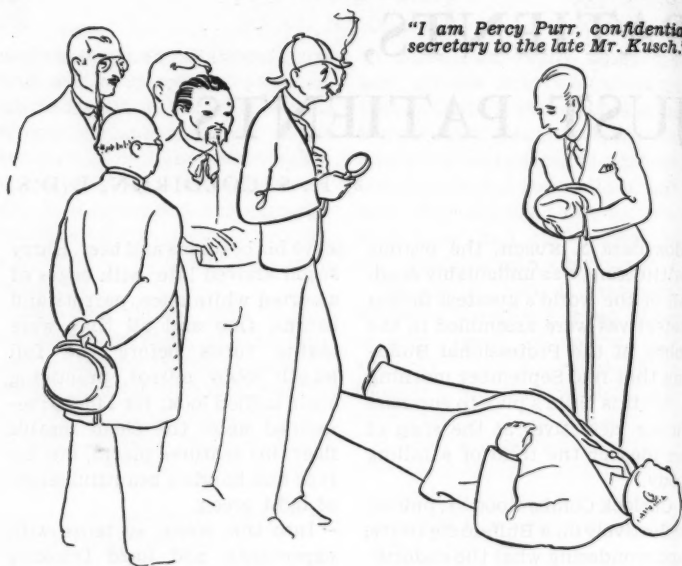
Into this scene, so tense with expectancy and hard thinking that a slight odor of burning rubber could be detected, stepped a neat young man whose obsequious bearing caused more than one detective to murmur, "Ha! the mortician." Under a barrage of keen appraisal he set them right.

"I am Percy Purr, confidential secretary to the late Mr. Kusch. Was the passing of our dearly beloved boss caused by an explosion? He had been carrying a very dangerous second mortgage which we of the staff feared might explode at any time."

He was assured that the cause of the death remained a mystery, to their great embarrassment and Mr. Kusch's deep regret.

"His office was on this floor," Mr. Purr told the assembled master minds, "and he left it in high spirits about thirty minutes ago.

*With apologies to Mrs. Franklin D. Roosevelt.



He told us he thought he knew where he might peddle that mortgage."

Once again the silence became so thick it could have been cut with a kris, a letter opener, or a cheese knife. There was a craning of assorted necks as a door down the hall marked Doctor MEEK N. MILD, D.D.S., opened. The watchers stood silently as the man locked the door and turned toward them. Then Harry Jason snapped to attention, for the man undoubtedly had an expression like the cat that ate the canary.

The newcomer stepped briskly through the group and gazed down at the late Mr. Kusch. "Huh," he reflected, "A ten karat reaction."

The detectives snapped to attention. "What do you know about this?" they thundered, snapped, probed, and asked.

"I did it," Doctor Mild smiled, "Although I believe the best usage calls for 'idunit.' If you will not deduce too rapidly, I will tell all. I have known Mr. Kusch casually for several years. He wasn't a bad guy, although his peanut brittle may have contained more rocks than most—but who am I to find fault with that? I have never done any work for him previously," and again he smiled happily.

"He came in this morning, very chatty, and mentioned that he had a ground floor proposition that somebody was going to

March, 1938

ORAL HYGIENE

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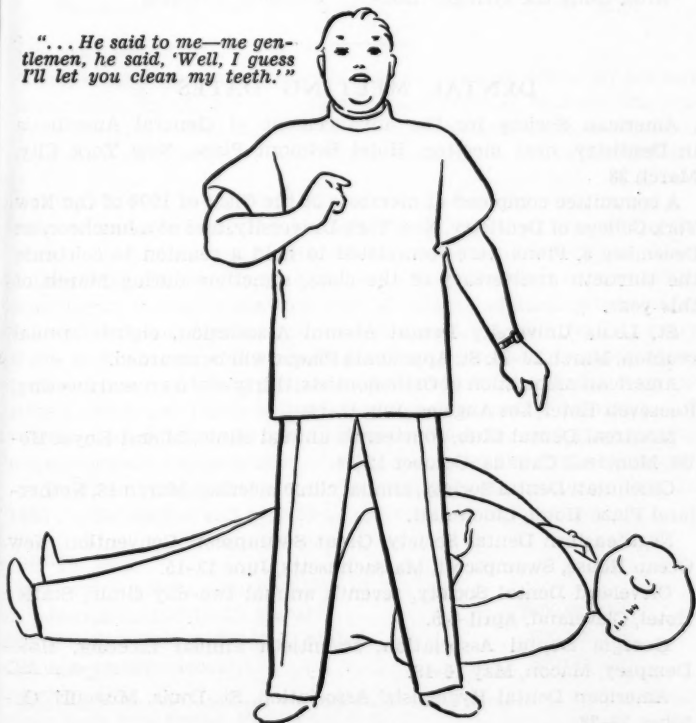
snatch up. He was going to bring out a new bar strong in cod liver oil and vitamins, X, Y, Z, supposed to be a sure cure for what ails you.

"Now, gentlemen, I am quick to forgive supply salesmen, detail men, and insurance salesmen—never hold it against them for trying, so I told him I had a big deal on myself, to raise last month's rent. He sort of dropped the subject, very gently, and had me adjust some clasps on a removable bridge he had got a few weeks before in some other town.

My temperature rose slightly, but I did the work. Then he said, 'This mortgage is good as gold and so am I.' Financially, he meant. My pulse was only slightly fast at that, but he finally went too far.

"Gentlemen, all of you know of people who commit crimes of passion in which everything turns black, red, or white. They tell you about it at the trial. But gentlemen," here Doctor Mild paused impressively, "you see before you the only person on record who ever saw green in such circum-

"... He said to me—me gentlemen, he said, 'Well, I guess I'll let you clean my teeth.'"



stances. After Mr. Kusch made the remark which caused me to lose all control, I stepped into my laboratory and filled a 20 cc. syringe with gold pickling solution which had reached the rich bluish green shade you observe. I told him it would eliminate all pain for the operation, and gave him a second division injection of the full amount. You can observe for yourselves that he is now in no pain."

"Very good so far, Doctor," put in Milo Pance in his smoothest tone. "But why?"

"After using the syringe," Doc-

tor Mild continued placidly, "I contrived to spill a few drops on the mortgage. There was a small puff and it disappeared, leaving not even an ash. No more gold in it than a two-bit lodge pin."

"But, my good Doctor," said Achilles Parrott, "Why?"

"He tempted me beyond my strength," explained Doctor Mild. "I can stand a lot of punishment, but after all that had gone, he said to me—me gentlemen, he said, 'Well, I guess I'll let you clean my teeth.'"

Columbus, Nebraska

DENTAL MEETING DATES

American Society for the advancement of General Anesthesia in Dentistry, next meeting, Hotel Belmont Plaza, New York City, March 28.

A committee composed of members of the Class of 1908 of the New York College of Dentistry, New York University, met at a luncheon on December 9. Plans were formulated to hold a reunion to celebrate the thirtieth anniversary of the class, sometime during March of this year.

St. Louis University Dental Alumni Association, eighth annual reunion, March 23-24. St. Appollonia Plaque will be awarded.

American Association of Orthodontists, thirty-sixth annual meeting, Roosevelt Hotel, Los Angeles, July 11-14.

Montreal Dental Club, fourteenth annual clinic, Mount Royal Hotel, Montreal, Canada, October 12-14.

Cincinnati Dental Society, annual clinic meeting, March 18, Netherland Plaza Hotel, Cincinnati.

Northeastern Dental Society, Great Swampscott Convention, New Ocean House, Swampscott, Massachusetts, June 13-15.

Cleveland Dental Society, seventh annual two-day clinic, Statler Hotel, Cleveland, April 4-5.

Georgia Dental Association, seventieth annual meeting, Hotel Dempsey, Macon, May 16-18.

American Dental Hygienists' Association, St. Louis, Missouri, October 24-28.

SOCIAL SECURITY

*At a Glance**

December 31, 1936 December 31, 1937

Number of accounts (old age and unemployment)	38,000,000
Unemployment accounts.....	1,400,000.....21,000,000
Number receiving grants	
Aged	1,104,000 in 42 states.....1,551,000 in 47 states
Blind	29,000 in 28 states.....44,000 in 40 states
Dependent children	280,000 in 27 states.....514,000 in 40 states
Average monthly payments	
Old age assistance.....	\$19.00
Blind	25.80
Dependent children (per family)	31.00

Old Age Payments:

"Lump-sum payments at the rate of approximately 680 a day are now being made to eligible workers who have reached 65 since the program went into effect last January, and to relatives of those who have died since that time . . . Monthly benefits are . . . to begin in 1942."

Unemployment Compensation:

"Nation-wide provision for unemployment compensation within the year . . . is perhaps even more significant, since it depends on State action. With the enactment of 20 State unemployment compensation laws during the last 6 weeks of 1936, 36 States had made provision for this second form of social insurance by January 1, 1937. By July every State and Territory had enacted an unemployment compensation law, and every law has now been approved by the Social Security Board. About two-thirds of the Nation's wage earners are covered . . ."

"Twenty-one States and the District of Columbia will start paying unemployment compensation benefits soon after the first of January. . . . Eight additional States are scheduled to begin payments later in 1938 . . . Before the end of 1939 all the rest will follow suit . . ."

Funds:

For unemployment compensation in	
January, 1938 in 23 states.....	\$400,000,000
For benefits during 1938 in 31 states.....	500,000,000
Old age reserve account.....	690,000,000

* Altmeyer, A. J.: Social Security Program Makes Major Advances in 1937, Social Security Board Press Service, Washington, D. C.

THE END IS NOT YET

by ROBERT L. GUEDEL, D.D.S.

IT IS NO ARGUMENT that does not have two sides and this is my side. I sincerely believe that we all take an interest in anything that is going to benefit us financially, spiritually, or otherwise. I have been a spineless dentist who has practiced for twenty years but has not had the nerve to say what he thinks until now. I have never written an article nor made a speech, but I have obtained enough ideas from Doctor Edwards' article¹ to make me talk for a long time.

The first thing I cannot clear up in my own mind is why a physician is so interested in the dental laboratory trade, when there are so many problems in the medical profession that need clarifying.

The laboratories in my own city of Indianapolis seem to be having no difficulty in running their own affairs. Up to now they have the bull by the horns and are still going strong unless the opinion of the dentist has been changed by Doctor Edwards' argument. As long as the heads of the majority of dental societies are the 5 per cent who like to talk (but rarely

give anything practical or constructive to the profession as a whole), do not act, the laboratory men will march on and in a few years will dominate the dental profession. The greater part of the dental profession are members of the American Dental Association who have constructive ideas that would really help general practitioners but they aren't forthright enough to say what they think. It is not the fact that the dental technicians are demanded and necessary in these busy times, but that the majority of dentists are too lazy and are trying to put themselves in the highest bracket of the profession. They do not like the menial part of dentistry. They would like to work about four hours a day and have two secretaries. During all these busy times, I can take you to almost any large office building in the United States and show you a dice or a bridge game in progress. In most buildings you will find a few white-gowned boys smoking or "singing the blues," and the end is not yet.

I have seen many handsome offices myself; but, if a thorough investigation were made, how do their owners stand with their creditors and how many have had

¹Edwards, J. F.: The Case for the Dental Technician, ORAL HYGIENE 28:35 (January) 1938.

other financial backing outside of dentistry, such as an inheritance, a fortunate marriage, relatives, or other sources of income? The average dentist can get enough equipment in a laboratory 8 by 5 feet to do all the work required in the practice of dental surgery. Naturally this would not include ceramics but we general practitioners are not worrying about that.

My idea is to find out how I can do some extracting, make bridges and dentures at a reasonable fee, and get the money. How the profession as a whole can expect to do much ceramic work for a family of five with an income of \$25.00 a week, or less, is a mystery to me. Still we are depending on this class to keep the wheels of dentistry turning.

As to the art of "culpa": We may as well let the dental technicians have recognition. Suppose we call them Doctors of Dental Technique. At the end of ten years, the Doctor of Dental Technique will tell the Doctor of Dental Surgery what prices to get, what material to use, and how to take impressions. Give them recognition? You may as well make it a doctor's degree and in less than a year they will go on a sit-down strike. I would advise all the general practitioners of the dental profession to put in a vulcanizing machine and a casting machine, and get ready for the fireworks.

The old-timers did their laboratory work and made money, when they didn't know what a labora-

tory or a technician was! With the flood of dental technicians, dentistry on the whole is nevertheless about the same at it was years ago. And again, the end is not yet.

I wouldn't base any financial figures on Army and Navy records because they are just as high as taxes. As far as taking five years to develop a good dental technician is concerned, that is a big laugh. I grant that any person taking up dentistry, or the technical part of dentistry, should be mechanically inclined. I spent only three years in getting my degree of doctor of dental surgery and that included a complete laboratory course which was a minor part when one considers: operative dentistry, chemistry, bacteriology, materia-medica, therapeutics, roentgenology, inlay and crown and bridge construction, histology, oral surgery, anatomy, orthodontia, medical diagnosis, pathology, physics, prosthetic dentistry, physiology, anesthesia, exodontia, economics, jurisprudence, biology, English, mechanical drawing, and so on.

I know many practitioners in both medicine and dentistry who have spent only a few years in learning their profession and today they are the best we have.

Show me a laboratory man who has spent \$3500 for a technician's education, and I will start a Technician's School of Learning. The lazy dentists originally started these laboratory men on their careers. The majority of laboratory men in the United States at

the present time began by delivering for laboratories, were gradually promoted, and were drawing pay all the time. They were all glad to get the work. If it costs \$1000 to equip the average laboratory, I am going to cheat some supply house shortly because I am putting in my own equipment. As to the tooth contract about which Doctor Edwards speaks, the supply houses are crying to sell teeth because competition is sharp. Any deserving laboratory can select teeth from a supply house at a good price and pay for them the first of the month, provided the dentist pays the laboratory and the patient pays the dentist. And the end is not yet.

Now for Doctor Edwards' list of expenditures: I am going to check over that because I cannot take it. We all know that the prices for materials are a small part of what the patient pays for a set of dentures. The teeth do not count on this list.

I do not see, moreover, how a doctor of dental surgery and a dental technician can be measured with the same yardstick. I do not see any reason for comparing the equipment in a dental office and a dental laboratory. We as dentists are making the laboratory man's bread and butter because we are lazy.

I am glad that all the figures in Doctor Edwards' article were from California and not Indiana because we are short of public accountants.

How about these fellows in California (as in almost every

other state) who are selling mail order teeth? "Bite in your own wax—Presto! A set of plates—\$50.00 — Guaranteed for two months." Look in the Chicago or New York newspapers.

Are many bootleggers caught? No. The dentist tries to be a gentleman and the patient who has had work done by one of them will not testify because he wishes to avoid trouble. Few are punished. Why? The doctor of dental surgery reads the papers, will talk it over with a brother practitioner, and say, "Things will be better next year." But he will not go to the trial.

Yes, the system is to blame—from the American Dental Association system down to the system of the smallest dental society. If, as Doctor Edwards' says, a barber with less than six months' experience in a commercial laboratory opened up his own laboratory in California and knew his business, he evidently was an able technician and knew what he was doing. I would not send work to him unless he could put out the same workmanship as the technician who has spent \$4500 on his education and has put in five years in studying. There are just as many so-called first-class technicians who are bushwhacking dental services in your community and mine. I do not know how many legitimate technicians there are in the United States but I do think there are too many technicians. Some of the most honorable technicians have bootlegged at some time or other, and

this means thousands of denture cases a year. I know of cases where delivery boys have made dentures for mother, father or neighbor just to practice.

From the technician's point of view, a license would help him considerably, because he could then tell the dentist which way to step, and the dentist would probably take the step.

Many a dental technician's aim is to be a dentist but he cannot spend the time and money for the required education. I am going to skip the itemized statement pertaining to what the dentist makes, gross or net, because the average laboratory man makes about as much as the average dentist does on each case. The dentist must wear a white collar, clean gown, be optimistic, and not admit what his profits are. The laboratory man delivers the dentures to most dentists, collect. The dentist says he cannot pay because he made the price to the patient of \$58.00 and didn't get a deposit. Probably the dentist didn't get a deposit but that would be food for thought for any laboratory man.

At the present time the dentist has six years of college education and he doesn't get paid for going to school. It takes him years to develop a practice and there is a large expenditure on somebody's part. After twenty years of practice I am profiting as much as Doctor Edwards thinks the dental technician should, and I consider myself a good average den-

tist.

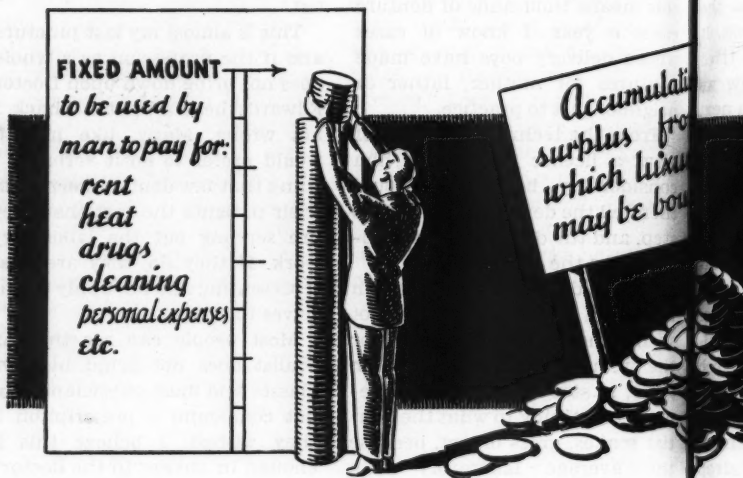
This is almost my last juncture and if the profession as a whole does not bring down upon Doctor Edwards' head a written whack, I am wrong. Many, like myself, would prefer to do it verbally. I think that few dentists keep from their patients the fact that they are sending out the laboratory work. If they do, they are misrepresenting and have only themselves to blame.

Most people can see that an oculist does not grind his own glasses and most physicians cannot compound a prescription if they wished. I believe this is enough in answer to the doctor's article but I do not think it has done his dental technician colleagues any good.

A barber can cut a face and a beauty operator can do much damage to the hair but, alas, when a set of dentures does not fit, the dentist is responsible. After the patient has been given the lowest price the dentist must follow through for weeks with adjustments and advice. There is no limit to the time and worry on the dentist's part, but for the dental technician, it is so much time and so much money. A technician knows where he stands. A dentist never does.

I am for better cures for cancer, tuberculosis, and syphilis; for better doctors of laboratory technique—and a new vulcanizer.

224 Pleasant Run Parkway
Indianapolis, Indiana



You CAN Have Your Cake—IF

by A DENTIST'S WIFE

AS I LOOK BACK over the years of our marriage, I can name the exact time from which to date the beginning of our true happiness. No, it was not our wedding day; it wasn't even the birthday of our only son.

The event of which I speak was far removed from sentiment; it was entirely a pecuniary matter. In fact it occurred when we, who were on the romantic side, realized that there is a business aspect of marriage which must be handled intelligently, so that the

gentle emotions shall not "fly out the window."

In other words, I am trying to say that real happiness begins with the balanced budget.

* * * *

It seems to me that from the first, even our best friends were warning us about finances, when I was planning on marrying the newly graduated young dentist with whom I was so obviously in love. All professional men, they argued, had to pass through years of struggle before they were suc-

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cessful. I listened to so many aged quips about the "starvation years," that I feared I should become prematurely wrinkled from forcing my face into unnatural smiles.

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But after the honeymoon was over I realized that we had been rather optimistic when we were making our plans for two living "as cheaply as one." John's monthly earnings were small, for he worked on a straight salary as assistant to an older man, Doctor Berkley. Our rent alone consumed almost half of our income; even though we took an apartment in a neighborhood which had long since passed its best days.

During the first year of our marriage John and I decided that we would try to budget our income. He brought home books

from the library on the subject, while I listened to radio talks which gave advice to the most inexperienced budgeteer. Somehow neither of us was very apt with figures and the systems of accounting we read and heard about were too intricate for us to apply to our small income.

I was sure, anyway, that the luxuries were just around the corner. I was convinced that John had every quality which made for success in his profession. Obviously, John had the personality of a movie actor; he knew how to save; and he was skillful in his work. Besides this, he was born in February, in the same sign of the Zodiac with Lincoln and Lindbergh. What more could one ask?

Then one night John came home saying he guessed I was a

good prophet after all. He was wearing the special look which means that he brings good news. Breathlessly he told me that Doctor Berkley had agreed to let him establish a practice of his own, with John working as a partner to Doctor Berkley in the same office where they had been before. All we needed now for a tremendous success was to cajole a few people into coming up as patients.

Magically, and fortunately, John's practice did grow, after his new partnership had been established. But our financial troubles were growing in proportion to our increased income. Somehow, it seemed as if, always, money slipped away faster than it came in.

It was quite natural for us to want to do the things we had been longing to do during the lean years. For example, it seemed logical to join the Echoing Woods Golf Club after John came home flourishing his new set of matched sticks. The relaxation of the outdoors was just what John needed as a rest from the office. And we both enjoyed the dancing on summery nights as we swayed and we dipped under the star-dotted sky while the soft music played. No matter, if I tripped now and then over my thoughts, "Dear God, how long will our credit last?"

And still I couldn't resist buying a new summer formal every now and then.

We were really having a wonderful life when we weren't worrying about the bills which were

piling higher and higher in the left hand drawer of my desk. It usually caught now when I tried to open it. And yet, I knew we could pay up everything with next month's income—if we didn't indulge in some new extravagance before we paid our existing debts. We realized that something must be done to curb our expenses, but the habit of spending overbalanced our common sense.

Then John's older brother George came to our rescue—he always does. He was born in March and he must come under a sign which brings psychic power. Because he always knows when we are in trouble, or maybe I drop him hints—like the night I jerked open the left hand desk drawer when he was at our house and feigned great surprise at the multitude of bills which tumbled out.

George raised a skeptical eyebrow in reply and reminded John that the dead line for payment of income taxes had almost arrived. He said he would send an accountant to the office, who would make out John's income tax, and straighten out his affairs for him.

John agreed docilely, as he usually does to any advice received from his older brother. I will add that the accountant came equipped with the tact which was the pianissimo to the harsh notes he had to play on our scale of living. And when John saw the ease with which the accountant figured the amount John owed the government he was convinced of his business ability. Then we three held a meeting to plan a

budget. It takes a wife's cooperation to make a success of a family's financial affairs.

First of all, the accountant found the average income per month at the office. You can't figure, he pointed out, how much money can be spent until you know what amount is coming in.

After he figured the minimum we could expect each month, he analyzed the office expenses; these included rent, laundry, supplies, magazines, insurance on fixtures, and the salary of the girl at the office.

He subtracted the sum of the office expenses from the average income; this left a remainder which was to be divided into our living and personal expenses; our rent, heat, household, clothing and miscellaneous small items were included here.

Now these living and personal expenses had to be apportioned. And we divided them into special categories which we designated as "manly" or "womanly." For example John assumed such masculine responsibilities as payment of rent, heat, drugs, cleaning and florist bills. For this he was to receive each month a check covering a fixed amount for these bills, with a small surplus for his own personal expenses.

Next we analyzed my household expenses, the ones we called "womanly." We listed here groceries, dairy products, light, gas, laundry, maid, newspapers, and telephone. To pay for these I was to receive a definite amount on the first of each month. Added to

the check for household expenses was a fixed sum for my personal expenses.

Now all income over and above these regular fixed expenses was to be placed in a special savings account. The amount of money which accumulated here was the gauge by which we measured our capacity for indulgence in luxuries. And these expenditures were to be made only after a family consultation.

We have followed closely the simple system which the accountant outlined for us. And we have found that the happiness which comes from a feeling of economic security compensates for any sense of denial that we sometimes feel when we can't indulge in some extravagant whim.

It is a wonderful thing to have a budget which works and to be at peace with all creditors.

The new plan did not come to us over night. We had gone through a long period of trial and error before we realized that we must find some solution for our difficulties. Now that we had arrived at this same management of our finances, we didn't say "Why didn't some one tell us about this before?" We knew we wouldn't have listened if they had. For it seems that to persons like us, the truism about learning through experience, applies particularly. We were, I'm sorry to say, not the "listening" kind. But I think our story might interest those who are wiser and saner than we were, and who do not need to learn the hard way.



SECRETARY OF STATE IN UTAH

A NATIVE OF Richmond, Utah, where he began to work at fifteen as a delivery boy in a store, Doctor E. E. Monson, 51, is today Utah's Secretary of State, an office to which he was elected in 1936. Having earned enough money at various occupations to attend dental college, he was graduated from the Colorado College of Dental Surgery in 1918 where he received a gold medal for scholarship. From 1918 until the first of last year, he practiced dentistry in the Sugarhouse District of Salt Lake City. He has always been active in business, public, and political affairs, devoting much time to the study of economics and the problems of local taxation. In 1932 and again in 1934 Doctor Monson was elected to the House of Representatives with the highest number of votes given to any member. Since his election as Secretary of State, he still retains his membership in the Salt Lake District Dental Society, Utah State Dental Association, and the American Dental Association.

ROGUES' GALLERY

by ALEXANDER SNYDER, D.D.S.

WHAT SECRET, INDOMITABLE reserve do women draw upon to do those deeds from which strong men flinch?

Wang, in *THE GOOD EARTH*, too tender-hearted to slaughter his ox, lays down his knife, and the gentle Olan, his wife, picks it up.

Macbeth, desiring the death of his sleeping enemy, hesitates to kill him, but Lady Macbeth, scornful, says, "Give me the dagger!"

Myself, confronted by a ten-year accumulation of dental junk, I quailed at the thought of its demolition. Not so my slender and resolute office assistant.

Bottles, boxes, casts and models, broken instruments, stale supplies and samples, ancient magazines, catalogues and pamphlets vanished before her relentless attack, and my office emerged again, neat and clean.

When, however, the young lady approached the x-ray files, I became alarmed.

"In these archives," she observed, "there must be four or five hundred films no longer pertinent to your records."

Unless I thought fast, these old friends, mute records of old defeats and triumphs, would perish as had the other impedimenta.

But stay! She had said, "pertinent." If I could but appeal to this vulnerable spot of hers, perhaps she'd be merciful.

"Of course I need them!" I blustered. "I—I can use them for demonstration purposes."

"On generations yet unborn, no doubt."

"This very week," I vowed. "I'll show you, the next pair of idle hours we have on the book."

Out of the travail which ensued, emerged a thing of beauty and utility, my *Rogues' Gallery* of typal films.

It is modest in comparison with what a specialist might devise, but the sixty films comprising it cover adequately the territory of my general practice. I selected these films for their clarity and simplicity, and with my last erg I will defend them against the machinations of any designing female.

There are twelve five-film mounts which I have titled as follows:

Caries, alveolar abscesses, periodontal cases, root abnormalities, retained roots, roots under bridgework, impactions, deciduous and erupting teeth, defective restorations, infected teeth carrying restorations, root canal cases,



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A stickler for exact nomenclature will, no doubt, cavil at my classifications and subtitles, since I am one of those incurably crude fellows who says, "pocket," "nerve," and "abscess" in dealing with patients. Out of the present Washington administration has come a compensating expression, "weasel words," which, in my unimportant opinion, aptly fits such phrases as, "Radiolucent area which may or may not be indicative of a pathological condition." Try that on your next patient and observe the reaction, if any.

My patients may not always immediately see in their own films what I discern there; but when I select the proper rogue film from my gallery and display it through the magnifying radioscope together with the patient's film, the similarity is at once apparent.

Prior to this use of demonstration films, I often encountered patients of low I. Q. in whose eyes no responsive light of intelligence gleamed despite my monosyllabic efforts. Now all that is past, and the old larynx relaxes.

There is a flesh and blood reality about these typal films that far transcends charts and textbook pictures, rousing patients' admiration and enthusiasm as no mere words can. When time permits, I invite even those of my

patients with law-abiding teeth to view some of the "outlaw" cases, and I have yet to meet such a one who did not want to view the whole gallery. The exhibition seems to clothe them with a mantle of authority which exalts them above their less informed friends when the subject of dentistry comes up. And, be assured, the mentor is not lowered in their esteem.

Thus Science marches on—impelled by a woman's relentless broom.

Observation of patient reaction to the sort of visual education I now employ demonstrates its infinite superiority over mere lecturing.

Indeed, I don't know if the local Oral Hygiene Committee will ever call on me again to "go on the air"; but I hope they won't, for five years or so.

By that time, if I'm still around, I'll simply carry my brief case to the radio station, take out my Rogues' Gallery, and hold it up to the televisor.

And the pictures "will point a moral and adorn a tale" far more eloquently than any poor words I may mumble into a microphone.

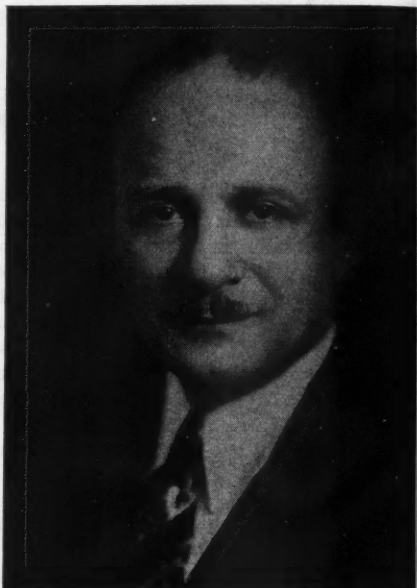
On that day the gospel of oral hygiene takes its greatest stride forward.

A picture never splits an infinitive.

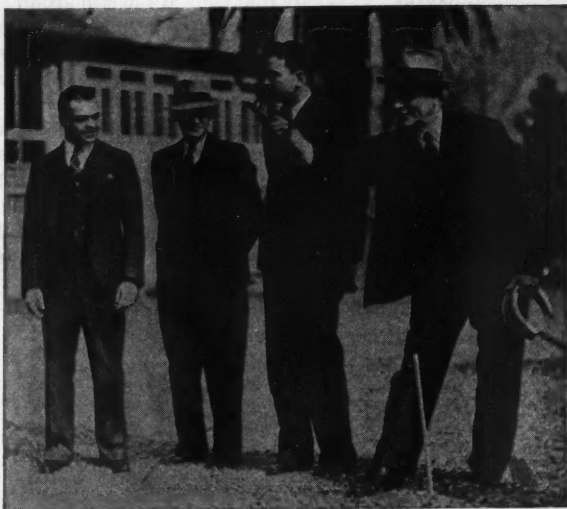
157 East Eighty-First Street
New York, New York

THE Album OF D

Carl Greenwald, D.D.S., receives the 1937 Award of the Junior Association of Commerce of Chicago for distinguished service in the field of dental health.



C. Barthelmeny, N. F. Gueno, Leon Galatoire, and A. J. Foret pitch horseshoes on their day off at the New Orleans Dental Association Meeting.



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F DENTAL LIFE



W. O. Goggin, President, left, and Andrew Whitley, right, have a leisurely luncheon at an outing at the Colonial Club, New Orleans Meeting.



Dentists turn to baseball at New Orleans outing: Leon Galatoire bats while Marlon Brierre catches.

Photographs by Anthony Logrege, New Orleans Item-Tribune.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

HEALTH IS NEXT

FIVE YEARS AGO ONLY a handful of people in the United States had ever heard of social security. Now there are 38,000,000 people on the old age insurance rolls. Shortly before the social security legislation was enacted the wail went up that "This type of legislation is unpractical, unworkable, and un-American." Despite this wail, the law was put into effect. During the campaign of 1936 a politically conceived plan was formulated to discredit the Social Security Act. With each public statement attempting to discredit the legislation Mr. Roosevelt apparently gained thousands of votes.

Although the wage earner himself did not ask for this legislation, after it was once suggested and explained to him, he quickly accepted the principle. From his own experience and observation he knew that in an industrial society the three greatest hazards to security are the terrors of a dependent old age, walking the streets without a job, and ill health. He knew that he might be ever so frugal and save his money but that the bank in which it was placed or the investment in which it was supposed to be secure could become defunct over night and that the savings of a lifetime and the independency of his old age could be wiped away. He knew, too, that he could be ever so industrious, work long and faithfully, and still for reasons beyond his control could be thrown out of a job. He also knew that long catastrophic capital-destroying illnesses could beset him. The average wage earner in America, once he heard of the Social Security Act—with its compulsory insurance features, with its guarantee of protection by the federal government—knew that it was something he wanted. Suppose he did have to forego present consumption for future security; suppose he did have to pay part of the cost through deductions from his pay check! Wasn't it worth while, if one could be assured somehow of an independent old age and protection against unemployment?

At the present time more than one billion and a half dollars have been set aside in the social security funds. Payments for unemployment compensation as well as for old age assistance, aid to dependent

children, and aid to the needy blind have already begun. The Social Security Act is no longer something that sociologists theorize about; it is a reality in action, as real as the postal department or the army and the navy. Currently the health aspects of the social security legislation are directed toward child and maternal health, assistance to the blind and to dependent children. The Act is, in the words of the Chairman of the Social Security Board, "far from perfect or final; it will undoubtedly be improved and extended as we learn from experience. But by 1938 there can be no question that the American people have set their faces in the direction they propose to go. Nothing can stop their advance toward social security for themselves and for their children."¹

Very likely the flexibility of the Social Security Act will produce some form of compulsory health care for the American people. Probably this compulsory health care will begin with children. Possibly it will be out and out health insurance for adults, such as proposed by Senator Capper of Kansas, or it may be an even more extreme form of socialized medicine, such as proposed by Senator Lewis. The significant thing is that this subject of socialized medical care has cut across party lines, and that both Republicans and Democrats seem to be flirting with the subject. Probably during the present session of the Congress a public hearing will be held on the Capper Bill. What are we going to do about it? Will we go to Washington and send up our wails of protest, or will we attempt to formulate some kind of legislation that will be advantageous both to the public and to the profession? If we reflect upon the acts of bankers, brokers, and tycoons generally, we are impressed with the fact that mere protest, just being against something, always fails. But if we have some constructive suggestions to offer, I think we will be heard. If we retire behind ominous phrases and nonsensical talk about communism, socialism, or rugged individualism, we are likely to be laughed out of Washington.

Regardless of what political party is in power no one would dare to suggest the repeal of the Social Security Act. Thirty-eight million people are willing to make contributions to the social security funds. These same 38,000,000 people will probably not be hesitant to make another contribution from their wages and salaries if they are assured of adequate health protection. Five years ago, some people said, "It can't happen here," but today 38,000,000 people and one billion five hundred million dollars prove that "It can happen here."

Edward J. Ryan

¹Altmeier, A. J.: Social Security Program Makes Major Advances in 1937, Social Security Board Press Service, Washington, D. C.

DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

Taxation Without Remuneration

THE AVERAGE CITIZEN does not complain too bitterly about the taxation burden for he has the promise of old age security, neither does the lawyer nor the physician, for he is usually quite successful in keeping his practice at a high peak even into the late sixties. But what of the dentist, who, after contributing to a pension for an office assistant and perhaps a telephone girl, if he is connected with a clinic, finds himself at the age of fifty, forsaken by the public, and forgotten by the government?

Dentists are fairly staggering under state and federal sales taxes and social security taxes, and they are able to impose but little of this burden on their patients. With the increase in the price of dental gold from \$22.00 to \$40.00 per ounce, for which the dentist receives little increased compensation in the finished work, and the cost of operating a modern dental office, rising from thirty to forty per cent in the last ten years, the old age security of dentists appears somewhat hazardous to say the least. In 1940 the estimated taxes in the state of Missouri will be:

Social Security Tax on	
Assistant	3%
State Sales Tax	2%
Social Security Tax on	
telephone girl in clinics ..	1%
Total	6%

In other words this is a security tax protecting everyone we employ or from whom we purchase anything. Some states may have a slightly higher tax, others less. These extra taxes heaped upon us within the past few years, besides the regular increase in taxation on our property, are appalling.

Of course the question is, "What can be done about it?" It might be a good plan if a program was advanced whereby the dentist in his productive years could add just a few cents more to the regular check which he mails to Uncle Sam for his employees, in order also to provide a little security for himself. With cooperation this might not be so difficult to accomplish. Another plan that would help the dentist, the patients, and should increase business, would be to replace dental golds on their old basis of about \$22.00 per ounce and allow its release through regular dental channels or by the government.

The individual dentist is helpless and can do nothing about these extra taxes, which are certainly taking money every day from his business. But as an organized group a program for abolishing or passing on some of these taxes might be worked out.

Some hope of security would at least make the pains of all these added taxes a little more bearable. Unworkable socialistic health schemes held out by paid propagandists, however, we would do well to ignore.

If more discussion and enlightening facts concerning this subject as it applies to the average dentist were carried on through the various journals it would be instructive and well received by all at the present time. No doubt a number of dentists who have been in practice for some time could give us some intelligent information on the subject of increased taxation over the five or ten year period. Are we to be denied social security, this sanctuary from fear which others are anticipating, and which we are guaranteeing, in part, by our money through this enormous tax program? — R. REED SMITH, D.D.S., *Citizens Bank Building, Springfield, Missouri.*

Working for Posterity

The speeches that I heard at the greater New York Dental Meeting and the daily reports of some speeches in the newspapers were all extremely against socialized dentistry. One speaker went so far as to call the proponents of socialization tricksters who are seeking to lure a gullible public with a smoke screen. The dentist making this statement was somewhat nervous I presume.

In the address, made by the President of the American Dental Association at the previously mentioned meeting—"A Forward Looking Program In The Interest of Public Health," he stated that the American Dental Association looks aghast at any suggestion of foreign ideas tending toward socialization with consequent regimentation of its members; that the only sensible and practical approach to the dental needs of the United States is the program adopted by the association at its convention in Atlantic City, of working through the state and component societies, dental members of Boards of Health, and state dental directors and individual practitioners to minimize dental troubles of children as a basis for oral health for the coming generation.

To begin with, it remains to be seen

what this practical and sensible approach will accomplish as well as the degree of its accomplishment. Besides this is an attempt to plan to help the future generations. This plan seems to me likely to keep school teachers, dental hygienists, school nurses, and toothbrushes quite busy.

The pressing question of the present is how to take care of the accumulated neglected hundred million dental cripples and at the same time keep all dentists busy so that they will not have to resort to relief. It appears to me that casting mud instead of gold and excitement will not solve our problem.

According to a report of the Dental Institute of America, approximately two hundred six million dollars are spent on dentistry yearly. Figuring that only 65,000 dentists are practicing, it averages about \$3,170 per dentist. Deducting about 50 per cent for expenses and depreciation, it leaves them about \$1,716.50. I must apologize I nearly said what do you want for two-bits?

I felt a great relief when I saw that figure. I was always troubled with such reminders and oft repeated phrases as, "the profession must consider the public," and "remember our debts to society!" After reflecting on those figures, I feel like repudiating our debt, substituting and registering a counter-claim.

I do not think that we owe anything except perhaps rent, supplies, and electric bills, and so on, but these creditors are blessed with efficient collectors and do not need help from us. We are laboring under some inferiority complex. We seem to be always ready to offer an apology or excuse for living.

The New York street cars and buses carried signs for several months with the inscription—"Wake Up And Live." It may be a good idea for us to buy those signs and post them in our meeting halls. We probably could buy them cheap.

In ORAL HYGIENE for December, 1937, I saw an article¹ and a poster

from the American Dental Association appealing for the Dental Relief Fund. This picture is heart breaking and shows quite a number of dentists with hands uplifted. The other side of the picture—the millions of crippled mouths begging for dentistry is not shown. The author of the article informs us that the donations last year averaged \$1.50. From this figure we may conclude that the givers were not too prosperous themselves.

To stimulate the dollar fifty donors Doctor Cook ably describes the great pleasure derived from giving. I do not suppose that this is why some of us fear and do not wish a change, because we do not want to deprive our good hearted dollar fifty donors of the great pleasure that it affords them every year before Christmas. The way things are it looks to me that we will soon have to sell Christmas stamps twice a year.

The public at large has awakened to the importance of dentistry. There is now a greater demand and a greater need for it than ever in the past, but as we all know they have not the means to pay for it.

From all appearances it looks as if socialized dentistry will be forced upon us much sooner than we expect it. I personally believe and agree with the opponents that it will be a curse to the profession, because it will be planned and supervised by laymen and business-men. I think, though, that it could be made a blessing to humanity at large, and the profession in particular, if organized dentistry would take the initial, active, and leading hand in it.

In conclusion, I should like to suggest that the money which the American Dental Association collects for relief stamps should not be given to the needy dentists as charity which is degrading and demoralizing, but should be spent in their offices on dental work for the poor which the society could or would recommend.

¹Cooke, J. W.: You Can Spare Two Dollars. *ORAL HYGIENE* 27:1633 (December) 1937.

It would be easier for the dentist in distress to call up the society and tell them that he needs a hundred dollars worth of business instead of asking for relief, and it would have a good effect on the public if the society would publicize the fact that it is donating fifteen or twenty-five thousand dollars worth of dentistry yearly to the poor.—M. GILBERT, D.D.S., 1919 Broadway, New York, New York.

An Honest Denture Patient

A patient, an attorney, brought me the lower denture I had made for him, broken in two parts. I expected him to say he broke it eating bread and milk. He was one in a thousand. He said he dropped it on the pavement and broke it, and would be pleased to pay to have it repaired. I was surprised, as people generally break dentures while eating bread and milk or some other soft food. Perhaps other dentists will think I have been dreaming.—W. P. TABER, D.M.D., 5224 Foster Road, Portland, Oregon.

Replying to J. F. Edwards, M.D.

May I rise to a point of order to inquire why a physician² feels it incumbent to carry the torch for the laboratory technician, when in all probability he knows a great deal more about the medical profession and its problems than he does of the problems of either dentist or technician.

An interesting corollary might develop if some of our able dental colleagues would publish a comparable item concerning the down-trodden graduate pharmacist who operates a prescription pharmacy for the accommodation of the physician and his patients. In fact, having been reared in a pharmacy, and knowing something of the financial returns which the registered pharmacist re-

²Edwards, J. F.: The Case for the Dental Technician. *ORAL HYGIENE* 28:35 (January) 1938.

ceives, I wonder how the idea of \$2.00 or \$3.00 to the physician for writing the prescription for which the pharmacist charges 75c or so would look in print, drawing the same sort of conclusions concerning cost of education, equipment, stock and so on. Certainly the inventory of a modern prescription pharmacy—I am not concerned with the “chain” type of “drug” (?) store—represents many times the inventory of the average medical office, whether in Southern California or elsewhere.

My acquaintances include no inconsiderable number of technicians, and the able men seem to be far less perturbed over their lot, and certainly less interested in unionization than is Doctor Edwards. My observations lead me to believe that it is the mediocre technician or the type comparable to Doctor Edwards' barber friend who are the agitators, and who moan about their miserable lot.

Common sense indicates that we would not have the number of men employed as technicians that there are at present, if there was not at least a reasonable living to be derived from the business, nor would there be monthly announcements of the opening of new laboratories “under the personal direction of Dr. Blank, D.D.S., who for many years conducted a successful dental practice in —.”

While I have every admiration for your editorial policy of permitting free discussion of a topic, I am not favorably impressed by such items as mentioned, and believe that you can readily find sufficient helpful editorial material to fill your magazine and continue to make it definitely helpful without the publication of Doctor Edwards' sort of article or this response.—GLENN R. CHAFEE, D.D.S., Post Office Building, Victor, Colorado.

Missing Person Sought

As a last resort I am appealing to the readers of ORAL HYGIENE for their aid in helping to locate a miss-

ing person, a woman who disappeared from her home, 353 South Sixth Street, Newark, New Jersey in March, 1929.

Margaretha Bukreus of this city has made every effort to locate her missing sister, Albertina Bukreus, also known as Tina Bukreus, whose description when last seen was as follows: Age, 45 (now 54); height, 5 feet 6 inches; weight, 122 pounds; eyes, brown; hair, black. The only body mark is a mole on the back of the neck.

Her dental description is as follows: Open faced gold shell crowns on the upper left central and lateral incisors; a gold bridge (fixed) extending from upper right first bicuspid to upper right first molar; a gold bridge (fixed) extending from lower right second bicuspid to the lower right third molar.

It is my theory that the missing woman, Albertina Bukreus, may have presented herself at some time or other in the course of the past nine years to some dentist in search of dental relief of some character.

A liberal reward is offered to anyone furnishing authentic information which may lead to the missing person's whereabouts. All information relative to this woman is to be forwarded to the special investigator in this case, Mr. Arthur Donofrio, 297 South Seventh Street, Newark, New Jersey, or to her sister, Miss Margaretha Bukreus, 353 South Sixth Street, Newark, New Jersey.—A. J. CROSTA, D.D.S., 329 Roseville Avenue at Fourth Avenue, Newark, New Jersey.

Should Dental Technicians be Licensed?

Is it because no dentist has yet succeeded in making out a plausible case for licensing of dental technicians that a physician in the person of John Fassett Edwards has come to their defense? Or does the presentation of so many “inside” lab-

oratory facts, foreign to a physician, suggest that the physician has merely lent the use of his name to the article **THE CASE FOR THE DENTAL TECHNICIAN**² in the January, 1938, issue of **ORAL HYGIENE**?

Be that as it may, I am in accord with the statement that Doctor Edwards makes at the end of his article, that "The case for the dental technicians may not be made," thus proving that he himself was not altogether certain that he had advanced convincing arguments for licensing dental technicians.

That Doctor Edwards assumes a definitely partisan attitude toward the dental mechanic may be judged from his prejudicial statement that, "In one state they (the dental profession) have employed an expensive lobby in legislative halls to prevent any action there which might presumably be against the interests of the dental profession." Surely, there is nothing wrong about the dental profession trying to protect its interests. And as to the "expensive lobby" they employ, I challenge him to name the state and prove his statement. As a matter of fact, such a "lobby" invariably consists of practicing dentists who, at a great sacrifice to themselves in time and money, fight for beneficial laws and against legislation that may be detrimental to the best interests of the public and the profession.

The fact that the dental technician expends a lot of valuable time, energy, and money to become skilled in his vocation and that he is "a necessity," is no reason for licensing him. There are millions of workers in various trades who are similarly situated, yet no one thinks or suggests that they should be licensed. Licensing may merely improve the economic condition of the mechanic, but so it may for workers in other trades.

Says Doctor Edwards, "When we consider that barbers, beauty shop operators, x-ray technicians, medical technicians, and dental hygienists

are carefully licensed . . . it does seem that the dental technician really has excellent grounds for alleging that he is being discriminated against." The comparison does not hold! Just remember this, you advocates of licensing dental technicians, that barbers, beauty shop operators, x-ray and medical technicians, and dental hygienists, all perform services *directly on patients*. Knowledge of the rules of *sanitation*, safety to the health and welfare of the patient or client, the *skill* of the operator, and so on, are all important considerations that enter into such services, hence, the necessity for their being licensed.

The dental technician, on the other hand, performs merely mechanical work upon *inert matter*—impressions and models—furnished him by the dentists. At no time has the mechanic *direct* association with the patient. The dentist assumes full responsibility for the professional service he renders to his patients and does not share such responsibility with the mechanic who makes the dental appliances and the dental restorations for him. And that, by the way, is a good reason for making the patients believe that the dentists are doing all the work for them. The dentist is the *sole* judge of the dental appliances constructed by the mechanic, and he can refuse to insert into his patient's mouth any restoration whose workmanship, quality, and adaptation is not up to par. He is under no compulsion to continue to do business with a mechanic who doesn't know his business. Thus, no harm can accrue to a patient, so long as the dentist assumes sole responsibility for the professional services he renders.

Doctor Edwards admits that licensing of mechanics will "give a boost to the costs the dentist would have to pay for his laboratory work," and thus a corresponding boost in "his charge to the patient." Such a boost, at this time in our economic

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depression, is certainly contra-indicated, and is therefore a further argument against the licensing of mechanics.

Licensing of dental technicians will also materially augment the army of illegal dental practitioners, Doctor Edwards to the contrary notwithstanding. Armed with a license from a dental state board, to the lay and unsophisticated person, the unscrupulous dental technician will

hold himself out as an authorized, special kind of a dental practitioner.

A license presupposes a right granted to an individual for the benefit and protection of the people. The dental mechanic not having a direct contact with people, no harm can accrue to the latter, hence there is no need for licensing him.—

MAURICE S. CALMAN, D.D.S., 600 West One Hundred and Eighty-First Street, New York, New York.

NOTICE

THE PRACTICING dentists who are of French descent or have any relation with the French-Canadian population of the Province of Quebec are requested to send their names and addresses to the Association des Dentistes de Langue Francaise de l'Amérique du Nord, Ephrem Vinet, D.D.S., 362 St. Joseph Blvd. East, Montreal, P. Q.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Salivation

Q.—I have a patient, a woman, 57, who is wearing a full upper vulcanite denture. She says that when the denture is in the mouth ten or fifteen minutes she experiences an excessive rosy salivation.

The occlusion of the denture is good. The adaptation and suction are good, and there is no pressure on the posterior palatine regions. Outside of this salivation the denture is satisfactory.

Can you advise me as to the cause of this condition and the remedy?—N. M. F., New York.

A.—People have various reactions from artificial dentures, such as a marked increase in flow of saliva so that they actually drool, or on the contrary they have a cessation of salivary flow so that an actual xerostomia exists or they may have a condition in between. This is what your patient seems to have. It may be partly psychic and partly due to not chewing hard foods.

Prinz and Greenbaum¹ suggest in cases of real dry mouth that the internal administration of a mild alkaline water, such as Vichy or a saline mixture such as a citro-carbonate have been helpful in some cases.

Chewing crisp or hard foods, increasing consumption of fruits

and green vegetables, and drinking plenty of water should be helpful in overcoming this condition.—GEORGE R. WARNER.

Anesthesia

Q.—I have been a reader of your ASK ORAL HYGIENE department over a period of years, and I find it interesting and helpful.

I am submitting several questions on general anesthesia about which I hope you will be able to enlighten me.

1. Must a general anesthetist in a hospital be a member of the medical profession?

2. In hospitals, is it the tendency to place all general anesthesia in the hands of the medical profession?

3. May a member of the dental profession be a general anesthetist in a hospital which involves all major operations of surgery?

4. Do any members of the dental profession devote all their time in any of the hospitals to general anesthesia which involves all major and minor operations?—T. A. S., Kansas.

A.—I will answer the questions contained in your letter in the order you list them.

1. Not in all hospitals.

2. There is an effort being made to replace nurse anesthetists

¹Prinz, Hermann and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1935.

with medical anesthetists. In one hospital the plan is to replace the nurses as they retire or resign until there will be only medical anesthetists.

3. Yes. Doctor Teter was anesthetist for major surgery in Cleveland for years. One of our dentists in Denver gives anesthetics for major operations at hospitals virtually every morning.

4. Yes. Several.—GEORGE R. WARNER.

Calcium Deposits

Q.—I will appreciate any information you may forward regarding the following case.

I have a patient, a girl, 10, who is subject to a more than usual amount of calculus which, on the lingual surface of the lower anteriors, extends from the incisal edge to the gingival margin. Covering the calculus and around the gingival margin as well as the occlusal surfaces of each tooth, there is a heavy black stain.

I treat the patient every four months with a thorough prophylaxis and gum massage. I am now limiting the treatment to three months. This little girl is the child of intelligent and concerned parents. Her father is a physician and so, of course, the child is given the best attention possible. Physically, she appears to be in excellent health.

Can it be possible that this patient is eating foods containing an over abundance of calcium and that the calculus may be formed as a result of calcium not absorbed by the system and so excreted by the glands? As for the black stain, this patient has her full quota of citrus fruits. What is the now prevalent theory regarding black stain and its treatment? I have another patient who is subject to this stain, but not to the calculus.—C. E. M., Connecticut.

A.—Going back to the AMERI-

CAN SYSTEM OF DENTISTRY² I find in a chapter by G. V. Black the following: "I recognize that a tendency to calcific deposits may be a constitutional vice which is probably hereditary in many cases, but may be acquired. This constitutional vice may be favored by conditions of the teeth themselves, by their form, by irregularities in their arrangement, by the condition of the gums, as in the swollen state found in simple gingivitis, by vicious personal habits, such as want of cleanliness, and by the use of soft foods which require but little use of the teeth, etc." Doctor Black also found in research work on salivary calculus that the amount of the deposit was often in direct relation to the amount of food eaten; that is, the more food eaten the greater the deposit.

It is my experience that eating hard foods, finishing the meal with detergent foods, and really brushing the teeth, using the Charters' technique, will keep such deposits to a small amount. The stain may also be lessened by the proper care of the mouth.

A high calcium food diet does not in itself tend to cause excessive calcarious deposits. My daughters are on a high calcium diet and have virtually no calculus.—GEORGE R. WARNER.

Adjusting Dentures

Q.—In the August issue of ORAL HYGIENE there appeared in your column an item called "Soreness from Dentures."³

After reading your comments on this subject, I would be pleased if you

²American System of Dentistry. Lea Brothers and Co., 1886.

³Soreness from Dentures, Ask Oral Hygiene, ORAL HYGIENE 27:1071 (August) 1937.

would enlarge upon your remarks and tell me if it is at all possible to tell beforehand if a patient is going to have all this trouble in wearing artificial dentures.

Granted that all hard and soft areas have been noted and care has been taken to insure a good and accurate impression of the tissues upon which a vulcanite saddle is to rest, can the dentist foresee and forestall the extreme soreness resulting from the wearing of the denture?—W. E. S., New York.

A.—It is my belief that a dentist can judge with some degree of accuracy whether to expect difficulty with a denture case before impressions are made of an edentulous mouth or even, in some cases, before the natural teeth are extracted.

The x-ray is a great aid in this determination. If the pre-extraction roentgenograms show poorly calcified bone as represented by marked radiolucency, one can expect considerable resorption of the ridge after extraction. In such cases sharp and irregular ridges are likely to develop. The pressure of the denture upon these areas may cause discomfort. The roentgenogram of an edentulous mouth may disclose the type of alveolus, or a thin mucosa over the bone may give trouble with soreness under dentures.

I do not believe that any dentist can avoid the development of all soreness in these two types of mouths, but he can avoid getting all the blame for it if he has foreseen and forewarned the patient of this possibility.—V. C. SMEDLEY.

Canker Sores

Q.—I have a patient, a woman of 30, whose mouth is in good condition, except for a number of ulcers. She

has them nearly all the time and has had them for years. I advised her to see a physician. He has treated her for some months and can get no results. He is puzzled and is going to refer her to a specialist; but first he would like to know if any ingredient in the filling material could cause this condition.—G. C. F., Pennsylvania.

A.—I presume that the ulcers you describe are of the canker sore type. A number of years ago I had a patient affected in this way. As sores appeared we would treat them with trichloroacetic acid and get them cleared up only to have others appear, apparently without cause or reason. This woman's physician finally prescribed sauerkraut juice for this patient for a stomach disorder. Her stomach was benefited, and to her surprise and delight the canker sore affliction was entirely corrected.

She took a wine glass full of the juice with each meal for several weeks to effect this cure, and since then she has continued to take the juice with less regularity. I would be interested to know if this treatment helps your patient.

—V. C. SMEDLEY.

Denture Construction

Q.—I am writing to ask you if you can offer any suggestions that will help me in the difficulty I am having with a full upper denture. In June I constructed a full upper and lower denture for a patient. Everything about the case was satisfactory except that the upper denture would not stay in place after being worn about half an hour. I rebased, post-damming a little more than usual, with the same results. Next I made a complete reconstruction with the same result.

My modeling compound impressions and the finished dentures stood

the test for suction perfectly; suction being much better than the average.

An examination of the mouth shows nothing unusual. In every way the mouth seems to be ideal for dentures. It has well formed ridges, although the soft tissue on the upper ridge is thin it is not unusually so.

Excellent centric relations have been obtained by Gothic Arch tracing, balanced articulation, setting the case up on an adjustable articulator, attention being given to the condyle registration and special attention to establishing occlusal plane. The work on this case was finished in my office.

With the first case I thought trouble might be due to over extension of the borders, I cut them down considerably, but this did not keep the denture from falling.

I will appreciate any suggestion you may have to offer to help me solve this denture problem.

This patient has been without dentures for about three years. I never saw the patient before the loss of teeth.—C. B. J., Louisiana.

A.—From your full upper denture case description, it would seem that you have been meticulous and done just about all that there is to do. Possibly it is just one of those cases in which the patient will have to accommodate himself to a loose fitting denture.

The only thing that I could suggest that you have not already carefully done is to extend the denture about one-half inch back onto the soft palate. I find that most patients can tolerate such an extension without much difficulty and that it greatly increases the stability in some cases.

Aside from this, I could suggest only that you instruct the patient in the manner of handling the denture. I instruct my patients to close and swallow as

often as denture starts to loosen, to eat with food divided into small portions on both sides at once to balance and equalize the pressure, thus stabilizing instead of unseating the denture. And, if any attempt is to be made to bite with the front teeth, a backward and upward pressure should be exerted with the bread or other item of food being bitten, to prevent unseating and tipping down of the heel of the denture.

I am assuming, of course, that the adaptation, peripheral extension, and occlusal balance are as correct as you say they are.—V. C. SMEDLEY.

Incising Frenum

Q.—My son, aged 10 months, has an abnormally large frenum labium which extends down between the upper temporary central incisors. The upper central incisors and the four lower incisors have erupted. At what age should this frenum be incised, and under what anesthesia? It is a large frenum, and I am sure will result in disfigurement if not treated.

I thank you in advance and assure you that I appreciate your fine column in ORAL HYGIENE.—F. W. W., Texas.

A.—It is the practice of many men to wait to operate on the frenum labium until the child has its permanent incisors fully erupted.

The operation, under procain anesthesia, consists of dissecting out the frenum from between the teeth and tucking the end of the frenum in the wound in the lip and taking a stitch to hold it in place. This can be done with a scalpel or an electric cautery knife.—GEORGE R. WARNER.

Collapse of Patient

Q.—In a neighboring town a pa-

tient died last week apparently under local anesthesia preparatory to a tonsillectomy. Two physicians were present. They had a small oxygen tank in the office and got more oxygen from a manufacturing establishment nearby, but the patient died. A friend who was present told me that they had her on the operating table lying down, pulling her tongue and giving artificial respiration. What drugs, if any, they used I have not learned. I am writing to find out what is considered the best usage in dental offices in cases of collapse under local procain injections. I keep on hand inhalation ammonia, amylnitrite, caffeine, strychnine, and propose to rely largely on artificial respiration, the prone pressure method. Kindly give me the benefit of the latest procedure.—H. H. V., Ohio.

A.—It is common practice to swab the throat with a 10 per cent solution of cocain before injecting procain, in tonsillectomies. An occasional person is allergic to cocain, and in such instances there have been fatal results.

Fatalities from procain are extremely rare, and if there is an unfavorable reaction, your armamentarium is up-to-date and your method of artificial respiration is in common use.—GEORGE R. WARNER.

Prominent Cuspid

Q.—I should appreciate information on the following:

What is the orthodontic classification for the layman's term "buck teeth?"

Approximately what is the biting stress that can be placed on a complete set of dentures and the natural teeth?—L. W. B., New York.

A.—1. As I understand it, when a layman speaks of "buck teeth," he is referring to conspicuously prominent upper anterior teeth, particularly cuspids. There is no one orthodontic expression to describe all cases of prominent cuspids. They are most likely to occur, however, in cases of Angle's Class I and Class II malocclusion.

2. I understand that the average biting stress that may be exerted with dentures is about 35 pounds—ranging from no pounds at all to 50 pounds, and that pressures exerted with the natural teeth range from 30 pounds to 350 pounds.—V. C. SMEDLEY.

Purple Spots

Q.—I have a patient who had the lower first and second molars extracted a number of years ago, and about the middle of the space there are now two purple spots but there seems to be no soreness. The patient is a woman who takes excellent care of her remaining teeth and seems to be alarmed about the purple spots.

The question in my mind is, "Is there any indication in the spots of future trouble?" I have noticed such spots before on gums and lips of other patients.—W. C. S., South Dakota.

A.—The appearance of purple spots as described in your letter certainly invites investigation. As there might be root tips underneath, a roentgenographic examination should be made. The spots might be caused by some foreign substance under the gums, or it might be a pigmentation from an unknown cause.—GEORGE R. WARNER.

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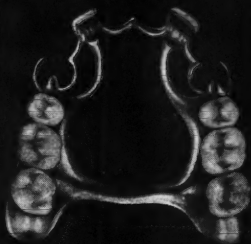
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Laff- ODONTIA

Friend: "But isn't your son sort of listless, Mr. Moneybags?"

Mr. Moneybags: "Heavens, no! He's got a list of blondes, a list of brunettes, and a list of redheads."

When she eats dinner and chews her cud that's a cow. When banqueters eat dinner and then chew the rag, that's bull.

Neighbor: "When you grow up what is your ambition, Tommy?"

Tommy: "I'd like to have people tremble like leaves at the mere mention of my name."

Sweet Thing (disgusted): "My boy friend has cold feet."

Fond Auntie: "Shame on you, young lady. In my day we didn't find out those things until we were married."

Doctor (to his daughter): "Did you tell the young man that I think he's no good?"

Daughter: "Yes, dad, but that didn't faze him. He said it wasn't the first wrong diagnosis you made."

A certain young man's friends believed he was dead but he was only in a state of coma. When, in ample time to avoid being buried, he showed signs of life, he was asked how it seemed to be dead.

"Dead!" he exclaimed. "I wasn't dead. I knew all the time what was going on. And I knew I wasn't dead, too, because my feet were cold and I was hungry."

"But how did that fact make you think you were still alive?" asked one of the curious.

"Well, this way. I knew that if I was in heaven I wouldn't be hungry and if I was in the other place my feet wouldn't be cold."

Convict: "I am here for having two wives."

Visitor: "How do you enjoy your liberty?"



"But gentlemen I said I only had toothache."